ISSUE SLIP STAPLE AREA (for additional cross references) ID NO. DATE INITIALS POSITION **FEE DETERMINATION** 09/2/099 64.P.E. CLASSIFIER 1-24-00/2-2300 FORMALITY REVIEW INDEX OF CLAIMS N Non-electedRejected 1interferenceAllowed ... (Through numeral)... Canceled Objected ÷ Restricted / Date Claim Date Claim Date Claim Original 94 If more than 150 claims or 10 actions staple additional sheet here (LEFT INSIDE)